

I have written once before about labels and their effects on people, and this subject has been spoken about in my therapy room time and time again.

Labels such as personality disorder and bipolar come up repeatedly, usually having been diagnosed by a psychiatrist or psychologist who has asked the client to go through a list of tick box questions to decide if they fit enough of the criteria to fall under a diagnosis.

This does not necessarily take into account difficult life events, the effect on emotions, or the fact that one size definitely does not fit all when it comes to humans.

These labels are diagnosed using a medical model called the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). In 1980 however, the new edition of DMS-III broadened the definition of, for example, bipolar disorder, to include descriptors which are used to describe mild depression and you only have to meet some of these criteria to be included under the bipolar umbrella!

On top of that, a few years later the pharmaceutical companies published new journals, there were societies and workshops to deal with bipolar - therefore heavily advertising this new diagnosis - and, in turn, the psychiatrists and psychologists diagnosed more people.

The problem with all of the above is that often people are diagnosed with one of these disorders, yet there is usually nothing wrong with them, other than they have suffered a significantly difficult life event. However, having been given this label, they believe they are unfixable and subconsciously stop believing that they can ever feel normal again and have to be on medication for life.

Sometimes there is no doubt that their depression can be classed as bipolar and medication is helpful. However, all too often, clients come into psychotherapy and discover that they have no need for anti-depressants; and after studying their life-story, they may have been misdiagnosed.

The thing about labels is that



Have you been labelled?



Let's Talk's columnist **Amanda Jayne**, the King's Lynn-based psychotherapist and counsellor, does not approve of people being given labels. She explains more.

they tend to stick. In the book 'Sway, The Irresistible Pull of Irrational Behaviour' by Ori and Rom Brafman, the authors give the example of a group of trainees being recruited into a 15-week intensive and rigorous Commander Training Programme.

The trainees knew nothing about this, but they were categorised based on accumulated comprehensive data on each person into 'high', 'normal' and 'unspecified due to lack of data'. This was completely bogus information and given to the training officers who were told to learn the categories for each of the trainees in their division.

It was not based on any real

ability of each of the trainees. What happened after 15 weeks was that they found that, without realising it, the trainees had taken on the characteristics of the diagnoses ascribed to them. This was due to a phenomenon whereby we rise to the high expectations of a boss who believes in us totally, and also feel demoralised and therefore our performance lowers when we are believed to not have what it takes.

Hence many of my clients who have been diagnosed with bipolar or personality disorder, find out that their problems are due to other factors. Once they have dropped the label, they very often lose all the symptoms of any disorder, and, can work on those issues and go on

Ask Amanda Jayne

I would love to hear from you and will reply to letters which, if we print them, will remain anonymous. Your details will be treated confidentially. Write to Amanda Jayne MA MBSCP at Feelgood Therapy, Room 11b, St Ann's House, King's Lynn, Norfolk PE30 1LT; email amandajgoss@gmail.com; professional counsellors at www.kingslynnwestnorfolkcounselling.co.uk, on 01553 827689 or 07760 669246.